

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. 537816		FILING DATE 3-28-00			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	INO.	DEF.	INO.	DEF.	INO.	DEF.				INO.	DEF.
1	1						61				
2							62				
3							63				
4							64				
5							65				
6							66				
7							67				
8							68				
9							69				
10	1						70				
11							71				
12							72				
13	1						73				
14							74				
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36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL INO.	3						TOTAL INO.				
TOTAL DEF.	14						TOTAL DEF.				
TOTAL	17						TOTAL				